MARYLAND 3463

STATE DEPARTMETT OF HEALTH

03456

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH · COUNTY: Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg X — LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 320 Park Avenue X	STREET ADDRESS (If rural, give location): 320 Park Avenue

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Ellen	(Last) Brummell	4. DATE OF DEATH	(Month) April (Day) 17 (Year) 1954
5. SEX: Female	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: Nov. 17, 1876	9. AGE last birthday: 77 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Federalsburg, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Solomon Prattis	14. MOTHER'S MAIDEN NAME: Margaret Ann Chase				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY No.: None	17. INFORMANT AND ADDRESS: Virginia Brummell, Federalsburg, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	3 years
592X Antecedent cause(s)	(b) Chronic Parenchymatous Nephritis	2-3 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951, 1951, to April 17, 1954, that I last saw the deceased alive on 4/17, 1954, and that death occurred at 6:05 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Hayward P. Nepb	M. D.	Easton, Maryland	April 17, 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: April 19, 1954	NAME OF CEMETERY OR CREMATORY: Federal Hill Cemetery	LOCATION (City, town, or county) (State): Federalsburg, Maryland
DATE REC'D BY LOCAL REG.: April 19, 1954	REGISTRAR'S SIGNATURE: Margaret H. Framptom	24. FUNERAL DIRECTOR: J.J.Framptom and Son, Federalsburg, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

RECEIVED
APR 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 03457

2411 N. Charles Street, Baltimore

3464

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH — COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg R.F.D. — LENGTH OF STAY (in this place): Full life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg R.F.D.
STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Louise (Last) Cavender
4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 8 1882
9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Hignutt
14. MOTHER'S MAIDEN NAME: Eliza Trice
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 220-01-9244
17. INFORMANT AND ADDRESS: Mrs. Marie Tribbett, Federalsburg R.F.D. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) chronic Coronary Insufficiency - arterio sclerotic — 2 yr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) general arterio sclerosis — 6 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 26, 1927, to April 1, 1954, that I last saw the deceased alive on March 30, 1954, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: E. Paul Trotter (Degree or title) MD — ADDRESS: Denton Md — DATE SIGNED: 4-3-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: April 3, 1954 — NAME OF CEMETERY OR CREMATORY: Concord Cemetery — LOCATION (City, town, or county) (State): Federalsburg R.F.D. Md.
DATE REC'D BY LOCAL REG.: April 3, 1954 — REGISTRAR'S SIGNATURE: Everett Nuttle, Deputy Registrar — 24. FUNERAL DIRECTOR: J. Harvey Williamson — ADDRESS: Federalsburg Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 14 1954
BUREAU V. S.

03458

MARYLAND 3465 **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH · COUNTY: Caroline · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethlehem X · LENGTH OF STAY (in this place): 65 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethlehem X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Henry	Christopher	April	23	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	May 5, 1885	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mail Carrier	U.S. Mail	Talbot County, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaiah Christopher	Melissa Willoughby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs. S. Rebecca Christopher, Bethlehem, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
163X Immediate cause	(a) Pulmonary Edema & Inanition	7-10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Lung & Effusion	4 mos
	(c) Hypochromic Microcytic Anemia	10 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 4/13, 1954, to 4/23, 1954, that I last saw the deceased alive on 4/22, 1954, and that death occurred at 12:30 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank B. Plummer M.D. Preston, Md. 4/24/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 25, 1954	Linchester Cemetery	Preston, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4-24-54	Cornelia D. Plummer	J.J. Framptom and Son, Federalsburg, Md.

RECEIVED
APR 27 1954
BUREAU V. S.

03459

MARYLAND 3466

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 63

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston - Rural
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Near Choptank

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston - Rural
STREET ADDRESS (If rural, give location): Near Choptank

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Peter (Last) Covey

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: February 20, 1867

9. AGE last birthday: 87 yrs.
If under 1 year: Months. Days.
If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Caroline Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Covey

14. MOTHER'S MAIDEN NAME: Mary Ann Satterfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Grace G. Covey, Preston, Md., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset and Death: 4 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardio-Vascular-Renal Disease

(c) with Benign Hypertrophy Prostate — 18 MO

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 14, 1954 to Apr 15th, 1954, that I last saw the deceased alive on Apr 15, 1954, and that death occurred at 7:10 a.m., from the causes and on the date stated above.

SIGNATURE W. C. Lemmon (Degree or title) M. D. ADDRESS Federalsburg, Md. DATE SIGNED April 17, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: April 18, 1954
NAME OF CEMETERY OR CREMATORY: Linchester Cemetery
LOCATION (City, town, or county) (State): Preston, Maryland

DATE REC'D BY LOCAL REG.: April 18, 1954
REGISTRAR'S SIGNATURE: Pearle D. Plummer

24. FUNERAL DIRECTOR: J.J. Frampton and Son, ADDRESS: Federalsburg, Md.

RECEIVED
APR 26 1954
BUREAU V. S.

3467

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03460

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Caroline; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg X; LENGTH OF STAY (in this place) 12 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vernon Ave. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same X; STREET ADDRESS (If rural, give location) Same

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) B. (Last) English

4. DATE OF DEATH (Month) (Day) (Year): April 10, 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: Nov. 14, 1897

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): store manager

10b. KIND OF BUSINESS OR INDUSTRY: store

11. BIRTHPLACE (State or foreign country): Sharptown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jerome English

14. MOTHER'S MAIDEN NAME: Minnie Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-03-4596

17. INFORMANT AND ADDRESS: Mrs. A. B. English- Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonal Tuberculosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1953 19..., to 4/10 ..., 1954, that I last saw the deceased alive on 4/10 ..., 1954, and that death occurred at 7:35 a.m., from the causes and on the date stated above.

SIGNATURE Frank M. Anderson (Degree or title) M.D. ADDRESS Federalsburg, Md. DATE SIGNED 4/12/54

23. BURIAL, CREMATION, REMOVAL (Specify); DATE THEREOF April 13, 1954; NAME OF CEMETERY OR CREMATORY E. New Market Cem.; LOCATION (City, town, or county) (State) E. New Market, Md.

DATE REC'D BY LOCAL REG. April 13, 1954; REGISTRAR'S SIGNATURE Everett Nuttle, Deputy Registrar

24. FUNERAL DIRECTOR Harry Williams; ADDRESS Federalsburg, Md.

RECEIVED
APR 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03461

3468 CERTIFICATE OF DEATH Reg. Dist. No. 41

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Greensboro
LENGTH OF STAY (in this place) 7 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cherry Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: Caroline
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Templeville
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) L. (Last) Goslin
4. DATE OF DEATH: (Month) 4 (Day) 3 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 7/26/1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Mc Connon
14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Miss Mary Knotts Templeville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

190X

Immediate cause (a) Metastatic Melanoma DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Primary Lesion on leg. DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral & General Arteriosclerosis

19a. DATE OF OPERATION: 1/12/54
19b. MAJOR FINDINGS OF OPERATION: Biopsy in juvenil Gland.
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1953, to April 3, 1954, that I last saw the deceased alive on April 2, 1954, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles H. Stacey Jr. ADDRESS Greensboro Md DATE SIGNED April 5 1954

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial DATE THEREOF 4/6/54 NAME OF CEMETERY OR CREMATORY Odd Fellows LOCATION (City, town, or county) (State) Camden, Delaware

DATE REC'D BY LOCAL REGISTRAR Apr. 5 - 1954 REGISTRAR'S SIGNATURE L. Mae Pippin 24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3469 CERTIFICATE OF DEATH

03462

Reg. Dist. No. 47

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro X
LENGTH OF STAY (in this place) 73 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro X
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) Fanny (Middle) (Last) Noble

4. DATE OF DEATH: (Month) 4 (Day) 12 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 8/5/1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Barnard
14. MOTHER'S MAIDEN NAME: Josephine Jarrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. W.D. Williams 200 Stockton St. Prinston, N.J.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

600.0

Immediate cause (a) DUE TO Hydronephrites & Uremia

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Adeno Carcinoma of rectum

19a. DATE OF OPERATION: 2-20-54
19b. MAJOR FINDINGS OF OPERATION Adeno Carcinoma of rectum c metastases to regional lymph nodes
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1953, to April 12, 1954, that I last saw the deceased alive on April 12, 1954 and that death occurred at 8:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles H. Heaslip M.D. ADDRESS Green Br. Md. DATE SIGNED April 14 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/14/54
NAME OF CEMETERY OR CREMATORY Greensboro
LOCATION (City, town, or county) (State) Greensboro, Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 14-1954
REGISTRAR'S SIGNATURE L. Mae Lippin
24. FUNERAL DIRECTOR J. E. Boulais ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3470 CERTIFICATE OF DEATH

03463

Reg. Dist. No. 05

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Caroline; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Harmony; HOSPITAL OR INSTITUTION OR STREET ADDRESS —; MARYLAND; LENGTH OF STAY (in this place) Life

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Harmony; STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) HELEN (Middle) GRAY (Last) NUTT

4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 18, 1867

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Wykes

14. MOTHER'S MAIDEN NAME: Frances Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs. H. R. McKinley, Preston, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lymphosarcoma — Interval Between Onset And Death: 5 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — 15 yrs

19a. DATE OF OPERATION: Biopsy 11/3/53

19b. MAJOR FINDINGS OF OPERATION: Above Diagnosis

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —; (CITY OR TOWN) —; (COUNTY) —; (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1.0.'28, 19.53, to 4/4, 19.54, that I last saw the deceased alive on 3/28, 19.54, and that death occurred at 4 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jesse B. Plummer M.D. ADDRESS Preston Md. DATE SIGNED 4/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Apr. 7, 1954; NAME OF CEMETERY OR CREMATORY Evergreen; LOCATION (City, town, or county) Otego, (State) New York

DATE REC'D BY LOCAL REGISTRAR 4-7-54; REGISTRAR'S SIGNATURE Cornelia W. Plummer

24. FUNERAL DIRECTOR J. Virgil Thomson; ADDRESS Denton, Md.

BUREAU V. S.
APR 7 '04

Film#6165 Item# 14
5/11/54 enf

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03464

3471

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Caroline; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg; LENGTH OF STAY (in this place) 30 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg Md.; STREET ADDRESS (If rural, give location) Vernon Gardner

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) H. (Last) Parrott

4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 15, 1876

9. AGE last birthday: 77 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Barber

10b. KIND OF BUSINESS OR INDUSTRY: Barber

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Parrott

14. MOTHER'S MAIDEN NAME: Debrah Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr. Walter Parrott, Federalsburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-Vascular Renal Disease — Interval Between Onset and Death: 2 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 5 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: /

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐:

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2, 1951, to Apr 27, 1954, that I last saw the deceased alive on Apr 29, 1954, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE: W. E. Jennon M.D. (Degree or title) ADDRESS: Federalsburg Md. DATE SIGNED: Apr 30 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 2, 1954 — NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery — LOCATION (City, town, or county) (State): Federalsburg, Md.

DATE REC'D BY LOCAL REG.: May 1, 1954 — REGISTRAR'S SIGNATURE: Everett Nuttle, Deputy Registrar

24. FUNERAL DIRECTOR: J. Hawley Williamson — ADDRESS: Federalsburg Md.

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MAY 7
BUREAU M. S.

03465

MARYLAND 3472 **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 63

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston; LENGTH OF STAY (in this place) 12 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamson Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston; STREET ADDRESS (If rural, give location) Williamson Street

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) (Last) Poole

4. DATE OF DEATH: (Month) April (Day) 15 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 18, 1875

9. AGE last birthday: 78 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: No data available

14. MOTHER'S MAIDEN NAME: No data available

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: John Poole, Sr., Preston, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422.0 Immediate cause	(a). Pulmonary Edema	7 days.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis ~~Generalized~~ Heart Disease	5 yrs.
	(c) Arteriosclerosis Generalized	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/22, 19 54, to 4/15, 19 54, that I last saw the deceased alive on 4/17, 19 54, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jas B Plummer M.D Preston Md 4/18/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: April 18, 1954 — NAME OF CEMETERY OR CREMATORY: Linchester Cemetery — LOCATION (City, town, or county) (State): Near Preston, Maryland

DATE REC'D BY LOCAL REG. 4-18-54 — REGISTRAR'S SIGNATURE: Cornelia H. Plummer — 24. FUNERAL DIRECTOR ADDRESS: J.J. Frampton and Son, Federalsburg, Md.

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APR 21 1954
BUREAU V. S.

03466

MARYLAND — **STATE DEPARTMETT OF HEALTH**

3473

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg X Rural
LENGTH OF STAY (In this place): 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Near Bethel X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg - Rural X
STREET ADDRESS (If rural, give location): Near Bethel

3. NAME OF DECEASED (Type or Print): (First) William (Middle) W. (Last) Sorden

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: August 1, 1883

9. AGE last birthday: 70 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Sussex County, Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Sorden

14. MOTHER'S MAIDEN NAME: Caroline Nichols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 221-05-6317

17. INFORMANT AND ADDRESS: Mary Sorden, Federalsburg, Md., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Acute Pulmonary Edema.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis with Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 4AM-9:15 AM Apr 28 '54; (b) 1948

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1941, to April 28, 1954, that I last saw the deceased alive on April 28, 1954 and that death occurred at 9:15 a.m., from the causes and on the date stated above.

SIGNATURE: W. C. Lemmon (Degree or title) M. D. ADDRESS: Federalsburg, Maryland DATE SIGNED: April 30, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: May 1, 1954
NAME OF CEMETERY OR CREMATORY: Bethel Cemetery
LOCATION (City, town, or county) (State): Near Federalsburg, Maryland

DATE REC'D BY LOCAL REG.: April 30, 1954
REGISTRAR'S SIGNATURE: Margaret H. Frampton

24. FUNERAL DIRECTOR ADDRESS: J.J.Framptom and Son, Federalsburg, Md.

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BUREAU W. S.

03467

MARYLAND 3474 **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg – Rural X
LENGTH OF STAY (In this place): 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Nichols Road X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Federalsburg – Rural
STREET ADDRESS (If rural, give location): Nichols Road

3. NAME OF DECEASED (Type or Print): Billy (First) (Middle) Stanley (Last)

4. DATE OF DEATH: April (Month) 9 (Day) 1954 (Year)

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 30, 1953

9. AGE last birthday: ____ yrs. If under 1 year: 4 Months. 9 Days. If under 24 hrs.: ____ Hours ____ Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: ____

11. BIRTHPLACE (State or foreign country): Easton, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Bratchett

14. MOTHER'S MAIDEN NAME: Mary F. Stanley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Willie Stanley, Federalsburg, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
500 X
Immediate cause (a) Acute Capilliary Bronchitis — Interval between onset and death: 1 day
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) With Broncho Pneumonia.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-8, 1954, to 4-8, 1954, that I last saw the deceased alive on 4/8, 1954, and that death occurred at 6 a. m., from the causes and on the date stated above.

SIGNATURE: W. E. Lemmon (Degree or title) M. D. ADDRESS: Federalsburg, Maryland DATE SIGNED: April 10, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: April 11, 1954
NAME OF CEMETERY OR CREMATORY: Federal Hill Cemetery
LOCATION (City, town, or county) (State): Federalsburg, Maryland

DATE REC'D BY LOCAL REG.: April 10, 1954
REGISTRAR'S SIGNATURE: Margaret H. Frampton

24. FUNERAL DIRECTOR ADDRESS: J.J. Framptom and Son, Federalsburg, Md.

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APR 21 1954
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